REMARKS

This is in response to the Office Action dated June 29, 2010. In view of the foregoing amendments and following representations, reconsideration is respectfully requested.

In the previous Office Action, the claims are rejected over the prior art, wittth the Examiner again particularly relying on Wootton (WO 00/06078).

In response, independent claim 14 has been amended to more clearly distinguish over the prior art. In particular, claim 14 requires, inter alia:

"a displaying unit for displaying a vial take-out error confirmation screen on an operation display panel when the vial is taken out from the indicated take-out port,

wherein the displaying unit is operable to display both the prescription data of the prescription and an image of the tablet corresponding to the prescription data of the prescription from the image photographed by the photographing unit and stored in the storing unit on the vial take-out error confirmation screen so as to permit auditing of whether the tablets have been filled in accordance with the prescription data."

In the present invention, the vial is filled with tablets, photographed, capped, transported and stored in any empty one of a plurality of take-out ports. When taking out the specified vial from the take-out port, the pharmacist looks at both the prescription and a displayed image to conduct an audit (verify the contents of the specified vial). In other words, in the present invention, just before actually delivering the vial to a patient or before putting the vial into a medicine bag, the audit of the tablets in the vial can be carried out based on the prescription and an image of the interior of the vial. Accordingly, with the present invention, the dispensing process is not interrupted or stopped, and the medicine can be safely delivered to the patient.

In **Wootton**, however, the content of the bottle is verified by comparing an image Ib with a reference image Ir and then the bottle is capped. On the other hand, in the present invention,

both the prescription data and an image of the tablet is displayed when the capped vial is taken out from the takeout port so as to permit auditing of whether the tablets have been filled in accordance with the prescription data. Thus, Wootton differs from the present invention with respect to timing, the way and means of conducting the audit.

Pearson discloses that lamps 23, 37, 117 of the particular drawer containing the medication for the patient (identified by inputting the patient's ID) are energized and that the nurse verifies that there is no mistake in the medication dispensed by comparing the CRT display and the printed (hard copy) (see col. 5, lines 16-21 and 47-53).

However, in Pearson, the drawers in the cart 30 have been loaded with medication and the nurse and the cart is at a patient's bedside so that the medication can be dispensed by inputting the patient's ID (see col. 5, lines 14-17). Accordingly, the apparatus of Pearson is different from the apparatus in Wootton in which the vial is filled with medication and dispensed in the vial according to a prescription.

Further, Pearson fails to disclose what is displayed on the CRT display and what constitutes the printed or hard copy. Accordingly, there is no specific disclosure of what is being compared in the Pearson device. Thus, there is no motivation or reason to employ the teachings of Pearson in the environment of Wootton.

Further, **Rzasa** et al. discloses a verification system employing a tablet-to-tablet comparison, a tablet-to-image comparison, and an image-to-image comparison (see Fig. 1, [0030]).

However, in the Rzasa system, the vial filled with medication is verified without capping and is then picked up. Clearly, Rzasa fails to disclose that the vial filled with medication is capped and stored in the take-out port, and that an audit is conducted when the vial is removed.

Thus, any combination of the Rzasa and Wootton references would not result in Applicant's invention as defined in claim 14.

In the present invention, a vial is filled with tablets based on a prescription data and any empty one of a plurality of take-out ports is selected to store the vial, thereby accomplishing an enhanced efficiency of operation. On the other hand, in order to eliminate a problem of a pharmacist not knowing which take-out port the desired vial is stored and a problem causing a vial take-out error, the take-out port storing the vial containing the tablets corresponding to the prescription read by the prescription reading unit is indicated. When the vial is taken out from the take-out port, a vial take-out error confirmation screen is displayed on an operation display panel so that the prescription data and the image of the tablet can be verified. Thus, both operational efficiency and the elimination of vial take-out error are attained. The effect and efficient operation of the present invention are neither disclosed nor suggested by the collective teachings of the cited references.

Further, it is noted that the corresponding Japanese application has been patented with the same claim as presented in the present application (see Japanese Patent No. 4482342).

In view of the above, it is submitted that the present application is now clearly in condition for allowance. The Examiner therefore is requested to pass this case to issue.

In the event that the Examiner has any comments or suggestions of a nature necessary to place this case in condition for allowance, then the Examiner is requested to contact Applicant's undersigned attorney by telephone to promptly resolve any remaining matters.

Respectfully submitted,

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2010.09.29 13:55:55 -04'00'

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September 29, 2010